

Gothenburg consensus paper  
December, 1999

# Health Impact Assessment

**Main concepts  
and suggested approach**

<http://www.euro.who.int/document/PAE/Gothenburgpaper.pdf>



WHO Regional Office  
for Europe

**European  
Centre for Health Policy**

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# **Health Impact Assessment: main concepts and suggested approach**

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## **Purpose of the Gothenburg consensus paper**

Health Impact Assessment (HIA) is a rapidly developing activity. The present paper is the first in a series intended to create a common understanding of HIA. It clarifies some of the main concepts and suggests a feasible approach to carrying out HIA at all levels (international, national and local). It is aimed mainly at policymakers and provides a departure point for discussion, comments and suggestions for the further development of the HIA approach and its related tools.

## **Why do we need to develop Health impact Assessment ?**

Social, economic and other policies in both the public and private sectors are so closely interrelated that proposed decisions in one sector may impact on the objectives of other sectors. In recognition of this, specific legal and administrative rules, procedures and methods have already been developed in many countries to assess the impacts of policies for example on the environment, employment, economic growth or competition, on cultural and social factors, or on ethnic groups and gender. The general objective of such assessments is to improve knowledge about the potential impact of a policy or programme, inform decision-makers and affected people, and facilitate adjustment of the proposed policy in order to mitigate the negative and maximize the positive impacts.

Although policies in other sectors can have a considerable influence on health and the production or prevention of illness, disability or death, this has so far only been considered to a limited degree, mainly in relation to environmental and social impact assessments. Recent attempts to take a more integrated approach to health and development has put HIA high on the agenda of some governments in Europe (at national, regional and local levels), and of international organizations including WHO and the World Bank. A similarly increased interest is reflected in research circles. An important step forward has been taken in the European Union through Article 152 of the the Amsterdam Treaty which states that "*A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities*", and the Council Resolution of June 1999 calling for the establishment of procedures to monitor the impact of Community policies and activities on public health and health care.

These developments have given a strong impetus to the need for developing common understanding about the core elements of health impact assessment and an international exchange of experience and innovations. This paper contributes to meeting that need.

## **Creating common understanding**

The present paper is based on the results of a more comprehensive discussion document<sup>1</sup> prepared by the WHO European Centre for Health Policy (ECHP) that reviews existing models, and on an important input from members of an HIA e-mail group. A preliminary draft of the consensus paper was presented at a meeting organized by the WHO/ECHP and the Nordic School of Public Health, with the collaboration of the European Commission and participants from across Europe, in Gothenburg, October 1999. On the basis of suggestions made by participants at the Gothenburg meeting, the consensus paper has been revised in its present form. It is therefore a product of the combined efforts of many partners.

The approach to health impact assessment suggested by the Gothenburg consensus paper is shown graphically on the following page. The existing models reviewed in the paper referred to above, did not always use the same terms in the same way. The diagramme is followed therefore, by definitions for the terms used in the ECHP/ Gothenburg approach. Definitions for a number of other related terms are also given in the annex, and readers are advised to check these first.

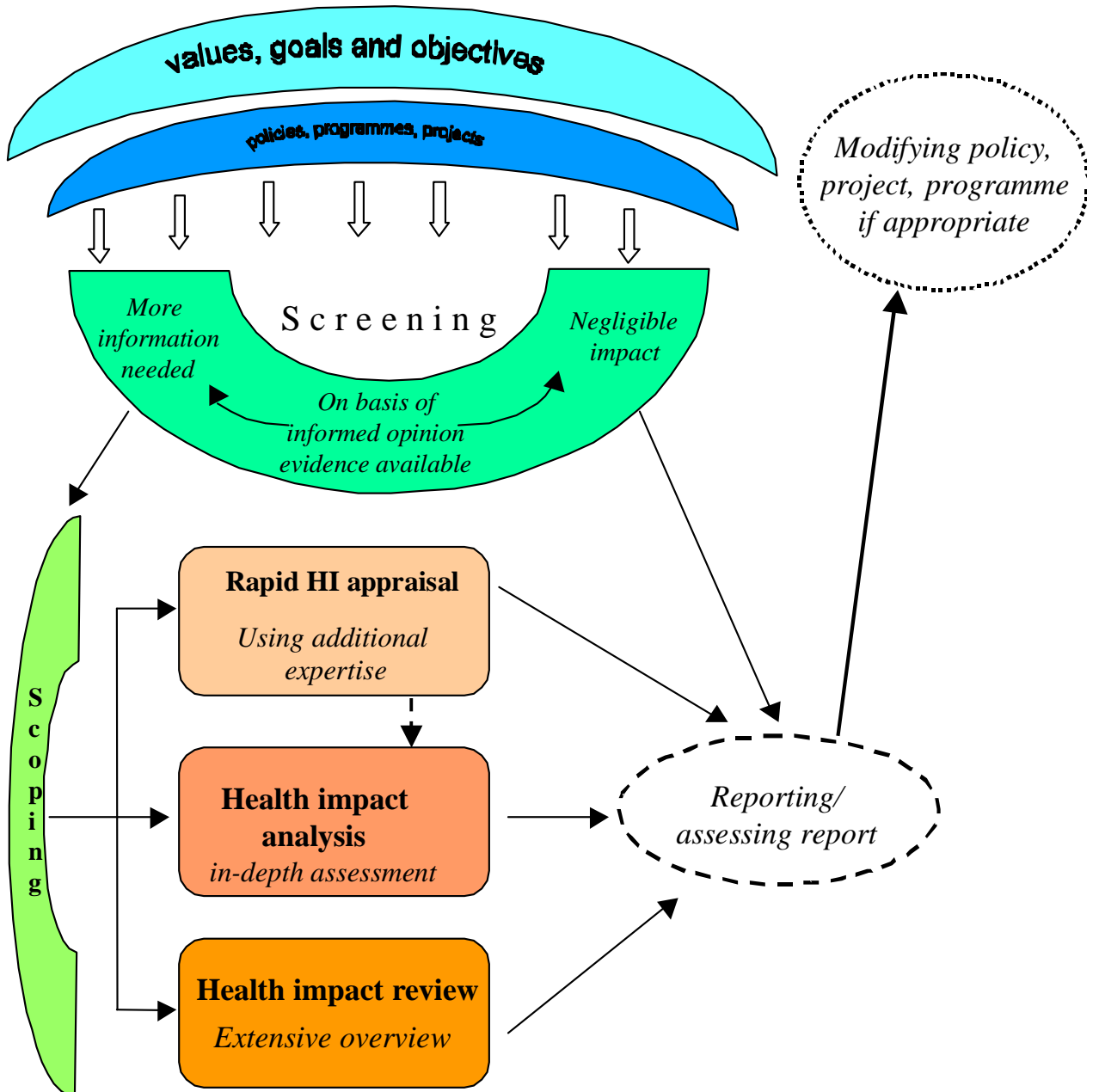
The consensus paper is intended as a "living document". The approach presented here will be discussed in a number of meetings, and networks and most importantly, will be tested and evaluated in practice in a number of pilot projects. As a result, it will be revised and up-dated in a continuous process of improvement.

This is not the only reason however, that the Consensus paper must be seen as a living document. Health impact assessment promises to be a complex process. Already work is underway for example, to develop related tools for screening, to consider the implications of achieving broad participation, communicating potential risks, or negotiating for the adaptation of proposed decisions. The ramifications of the HIA process are so broad that consensus around aspects such as these must be built up gradually. From this first version of the consensus paper which deals only with the core concepts, the ECHP/HIA project will build on and extend the consensus process, and develop companion papers and training modules. Reference is made at the end, to some of the main questions policymakers will have to face immediately in carrying out health impact assessment.

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<sup>1</sup> Lehto, Juhani, Ritsatakis, Anna *Health impact assessment as a tool for intersectoral health policy* A discussion paper for a seminar on "Health impact assessment: From theory to practice", Gothenburg, Sweden, 28-30 October, 1999

# An approach to health impact assessment



## Values governing HIA

All policy processes are carried out in the framework of values, goals and objectives that may be more or less explicit in a given society and at a given time. It is essential that such values are taken into account, otherwise HIA runs the danger of being an artificial process, divorced from the reality of the policy environment in which it is being implemented.

In the approach proposed here, it is suggested that in addition to promoting the maximum health of the population, four values are particularly important for HIA:

- **democracy**, emphasizing the right of people to participate in a transparent process for the formulation, implementation and evaluation of policies that affect their life, both directly and through the elected political decision makers;
- **equity**, emphasizing that HIA is not only interested in the aggregate impact of the assessed policy on the health of a population but also on the distribution of the impact within the population, in terms of gender, age, ethnic background and socio-economic status;
- **sustainable development**, emphasizing that both short term and long term as well as more and less direct impacts are taken into consideration; and
- **ethical use of evidence**, emphasizing that the use of quantitative and qualitative evidence has to be rigorous, and based on different scientific disciplines and methodologies to get as comprehensive assessment as possible of the expected impacts.

## Core definitions:

### Health impact(s)

Health impacts are the overall effects, direct or indirect, of a policy, strategy, programme or project on the health of a population.

*(This may include direct effects on the health of the members of the population and more indirect effects through intermediate factors that influence the determinants of the health of the population. Such impacts may be felt immediately, in the short term or after a longer period of time).*

### Health Impact Assessment (HIA)

Health Impact Assessment is a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

## Elements of Health Impact Assessment

### HIA includes the following elements:

- consideration of **evidence** about the anticipated relationships between a policy, programme or project and the health of a population<sup>2</sup>;
- consideration of the **opinions**, experience and expectations of those who may be **affected** by the proposed policy, programme or project;
- provision of more **informed understanding** by decision makers and the public regarding the effects of the policy, programme or project on health;
- proposals for **adjustments/options** to maximize the positive and minimize the negative health impacts.

### Timing, stages and types of Health Impact Assessment

HIA should be an integral part of the policy process. The HIA process starts when there is a proposal or intention to continue or to make changes in an existing policy, or to launch a new policy or project. It should preferably be implemented early enough for any recommendations to be considered before critical choices are already made. The results of retrospective HIA are however, valuable in informing future prospective health impact assessments.

Firstly, there is a need to explore which policies or programmes could have an impact on health and what kind of impact (*screening process*). If further information is needed, a *scoping process* is carried out to determine what further work should be carried out, by whom and how. Whatever type of approach is agreed this will be followed by reporting on the findings, appraisal of the adequacy of the report and finally by action to adjust the proposed policy, programme or project accordingly. The results of any of these stages may require reconsideration of previous stages.

#### Screening for possible health impact

This is the first and essential step in HIA. In the HIA context, **screening** means making a quick mapping of whether there are potential linkages between the policy, programme or project and health, and what different aspects of health they might affect. This is done on the basis of informed opinion and the evidence already available.

If screening indicates a negligible potential health impact, either positive or negative, or if the health impact is well known, this is reported and the report made available for appraisal by the decision-makers and those affected by the proposed policy, programme or project.

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<sup>2</sup> This is understood to include both the health of the total population and of groups within the population

If however, screening indicates that more information is needed, then the scope of this further action has to be decided.

### **Scoping of health impact assessment**

When there is a need for further information on the potential health impact, a process of **scoping** helps to judge:

- which potential direct and indirect health effects of the proposed policy, programme or project need to be further considered,
- with regard to which population,
- by which methods, with which resources, with whose participation and in which time frame the further HIA process will be implemented.

In this approach, it is suggested that the scoping process will reveal the need for one of three broad categories of action, which as can be seen in the diagramme, have been named :

- **rapid health impact appraisal,**
- **health impact analysis and**
- **health impact review.**

### **Rapid Health Impact Appraisal**

A **Rapid Health Impact Appraisal** is a systematic assessment of the health impact of a policy, programme or project by a number of experts, decision-makers and representatives of those potentially affected by the proposed policy. It is based on an exchange of the existing knowledge of the participants involved, including knowledge gained from previous similar exercises and research.

As the name suggests, such an appraisal would be carried out without a great deal of resources and rather quickly.

### **Health impact analysis**

A **health impact analysis** involves an in-depth examination of a policy, programme or project, its potential impact on health and of the opportunities for adjusting the policy, programme or project to ensure a more positive impact on health. It includes a review of the available evidence, exploration of the opinions, experience and expectations of those who may be affected and, if needed, production and analysis of new data.

It would usually include a broad range of multidisciplinary expertise, and a combination of various methodologies. The resources and time needed for implementation would necessarily be greater than those for a rapid appraisal.

### **Health impact review**

Some policies, strategies, or clusters of policies, programmes and projects may be so broad as to make an in-depth analysis infeasible. In this case, the process of a

**health impact review** may be considered. This aims at creating a **convincing summary estimation** of the most significant impacts on health of the policy or cluster of programmes and projects, without necessarily trying to disentangle the precise impact of the various parts of the policy or cluster on specific aspects of health. It is based largely on a review of earlier published analyses of similar policies. As in the health impact analysis, expert panels and other methods of reviewing the available informed assessments of the policy proposal are used.

The difference between health impact analysis and health impact review lies in the type of policy/programmes/projects being assessed, and the degree to which an attempt is made either to directly relate and possibly quantify or otherwise measure, cause and effect, or to give a broad-brush view of the impact.

### **Appraisal of the HIA report**

In all cases, following the screening process, rapid appraisal, impact analysis or impact review, a report is prepared including the potential impacts and options for enhancing the positive and minimizing the negative impacts. The report is made public to give those who have legitimate interest an opportunity to become acquainted with the content of the report and express their opinion about it. This **appraisal of the HIA report** may lead to a request to improve the report by additional information and a reappraisal. A summary of comments made during the reappraisal may be added to the report.

### **Adjusting the proposed decision or intention**

The final but essential step is to **act on the results of the HIA**. The decision makers are expected to consider the recommendations of the HIA report and its appraisal, weigh the population health interest against any other interests related to the proposed policy, and to adjust the policy, programme or project in such a way as to maximize positive and minimize negative health impacts.

### **Monitoring and evaluation**

Although a specific HIA essentially ends here, two types of follow-up can be considered. Firstly that the results are made available to inform similar processes, and secondly that a comparison is made in the future between the expected impact of the recommendations adopted and the actual impact, in order to create a continually developing process.



## **HIA and other impact assessments - critical questions to be faced**

The impact on health is included to some extent in models of environmental and social impact assessment. Synergy between different impact assessments may be attained, and overlap or overburden with various impact assessments can be prevented by coordination and cooperation. Whether to carry out separate HIA or to combine this with other impact assessments is just one of the critical questions facing policy-makers. Even when agreement is reached on the core ideas presented here, there are many more difficult policy choices to be made, including:

**What?** It will be impossible to screen every policy, programme and project so criteria need to be established for what should be screened.

What impacts should be assessed? It is suggested here to include impacts on health outcomes, determinants and risks to health and that these should include an equity component.

**How?** Do we integrate HIA in existing processes, do it separately, or opt for either depending on the issue? Must there be a legal mandate or government regulations, or is there also room for voluntary HIA?

How can we infer causality between policy and outcome and what lines of evidence can contribute to this?

**When?** How early or late is effective? Will there be sufficient information at the conceptual stage? Will a proposal be too difficult to adapt when it is already quite concrete? What can we learn from retrospective HIA?

**Who?** Who does it

- policy or programme proponent?
- independent bodies
- regulatory agencies?
- within the process, who does what? (preparing the report, assessing the report, communicating the results for example)
- how can participation inform HIA and how is it best organised?

Who pays ? (the proponent, the public sector, others)

**Where?** International, national, local levels?

The ECHP/HIA project will progress stepwise, with many partners, building consensus around concepts and approaches, testing through pilots, revising, further developing and adding tools to the core. The basic consensus paper will be updated continuously and accompanied by additional information documents. Further work is already being carried out on screening and scoping.

## **Annex - Definition of related terms**

### **Health**

WHO glossaries present at least three definitions of health:

- *"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO constitution).*

The glossary of WHO/EURO's *Health21* refers to this definition but suggests that it "expresses an ideal, which should be the goal of all health development activities (i.e. health as a fundamental human right and a worldwide social goal)", and "does not lend itself to objective measurement, and for working purposes a narrower definition is required." A second definition is therefore suggested for this purpose:

- *"Health is the reduction in mortality, morbidity and disability due to detectable disease or disorder, and an increase in the perceived level of health."*

Finally, following the Fourth International Conference on Health Promotion, the following definition was given (WHO, Health Promotion Glossary):

- *"Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities."*

### **Equity in health**

*Equity in health implies that everyone should have a fair opportunity to attain his or her full health opportunity, and that no one should be disadvantaged from achieving this potential. This term has clear moral and ethical dimensions.*

### **Health determinants**

*Health determinants are the personal, social, cultural, economic and environmental factors that influence the health status of individuals or populations. These include a range of factors such as income, employment, education, social support, to name but a few.*

### **Health status**

*The state of health of a person or population assessed with reference to morbidity, impairments, anthropological measurements, mortality, and indicators of functional status and quality of life.*

### **Health outcomes**

*Changes in current or future health status of individuals or communities that can be attributed to antecedent actions or measures.*

### **Policy**

*A set of statements or commitments to pursue courses of action aimed at achieving defined goals of public or private institutions.*

### **Programmes, projects**

In order to implement policies, any number of programmes and projects may be developed. A **programme** is usually a set of actions/projects designed for a specific purpose (for example a child welfare programme, or tobacco control programme). A **project** is usually more narrowly defined, although in terms of resources used it may be larger or smaller than a programme (for example, the building of an oil refinery, or a small training course might both be defined as projects).

### **Values**

Values denote worth or desirability.

In policy terms, "solidarity" or "democracy" would be examples of values.

### **Participation**

In the policy field, participation relates to the *active involvement of all interested parties in the planning, operation and control, monitoring and evaluation of the use of measures and resources.*

### **Monitoring**

*The regular observation, surveillance, or checking of changes in a condition or situation, or changes in activities.*

### **Evaluation**

*The systematic assessment of the relevance, adequacy, progress, efficiency or effectiveness of a policy, programme or project, in relation to its intended aims and objectives.*

### **Impact assessment**

The dictionary definition of an **impact** is an "effect or influence" and of **assessment** is the "estimation of size, quality, value".

It has been said that public sector policymaking draws on two general categories of assessment and evaluation traditions: policy analysis and evaluation, and impact assessment. Policy analysis and evaluation is described as being part of the policymaking process whereby an attempt is made to explore whether or not policies are meeting their defined objectives, whereas impact assessment also looks at unintended consequences, spin-offs or side-effects.